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Gunther O	. Hanke,	Reg.	No.	.32,	989	(Depositor's name
Jun	he de	ve-				(Signature
August 3,	2004					(Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.				
09/631,907	08/04/2000	Brett W. Cryer		ACSC 60493 (1292)	2600				
TITLE OF INVENTION: INTRAVASCULAR CATHETER WITH EXPANDED DISTAL TIP									
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE				
nonprovisional	NO	\$1330	\$0	\$1330	09/16/2004				

ART UNIT

MENDEZ, MANUEL A 3763 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

**EXAMINER** 

- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
- 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

CLASS-SUBCLASS

604-096010

<sub>l</sub>Fulwider Patton Lee & Utecht LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

Advanced Cardiovascular Systems, Inc.

95054 Santa Clara, California

☐ individual ☐ corporation or other private group entity Please check the appropriate assignee category or categories (will not be printed on the patent); 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): X Issue Fee A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. Trublication Fee ☑ Advance Order - # of Copies \_\_\_\_

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(Authorized Signature)

3, 2004 Aug.

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